



Application for Admission

160 Miller Drive
 Livingston, MT 59047
 Telephone: (406) 222-8808
 montessorisland160@gmail.com

We are applying for admission to the following program:

TODDLER: (24 mo.-36 mo.)
 *We require a minimum of 3 full days/week. Available days/hours are Monday-Thursday 8:30-3:30. We are not open on Fridays.

- _____ 3 days (Tu,W,Th)
- _____ 4 days (M,Tu,W,Th)

PRESCHOOL

- _____ 3 half days/week
- _____ 3 full days/week
- _____ 4 full days/week
- _____ 5 full days/week
- _____ Before School Care
- _____ After School Care

Elementary 8:30-3:30

- _____ 4 days
- _____ 5 days

When would you like to start?

Name of Student _____

Prefers to be called _____ Male ___ Female ___

Date of Birth _____ Current Age _____

Child's Home Address _____

City _____ State _____ Zip _____

Home Phone(_____) _____

Name of Parent/Guardian _____

Home address same as student? _____

Address _____

City _____ State _____ Zip _____

Occupation _____ Title _____

Employer _____

Employer Address _____

Work Phone _____ Email _____

Name of Parent/Guardian _____

Home address same as student? _____

Address _____

City _____ State _____ Zip _____

Occupation _____ Title _____

Employer _____

Employer Address _____

Work Phone _____ Email _____

Parents/Guardians are

_____ Married _____ Separated _____ Divorced _____ Single Parent _____ Domestic Partners

With whom is the child living? _____

Who is the legal guardian? _____

Who is financially responsible for child's tuition? _____

Name and address to be used for billing _____

City _____ State _____ Zip _____

Please list the names and relatives of all parents and/or significant adult family members living with the child.

SIBLINGS

Name	Age	School and Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Information

Primary Language _____ Other language(s) Spoken _____

Are you able to provide a copy of immunizations? _____

Please list your child's strengths, interests, and talents.

Please list any organized groups in which your child is active and/or special classes your child takes outside of school.

Why are you interested in having your child attend Montessori Island School?

Please share any additional information you would like us to know about your child or your family, including any areas needing special attention, as well as your goals for your child at our school.

What holidays does your family celebrate?

Are there any educational or medical assessments, reports, or documentation regarding this child we should know about? ___ Yes ___ No

If yes, please explain

Previous school(s) attended, with dates of attendance.

Has your child ever experienced discipline challenges (including suspension or expulsion) in an educational setting?

___ Yes ___ No

If yes, please explain

Have any family members attended a Montessori school? Please list who, where and when.

Does your child/family know anyone at Montessori Island School?

How long do you expect to keep your child enrolled at Montessori Island School?

How did you first hear about Montessori Island School?

___ Internet search

___ MIS Family (name of family : _____)

___ Friend of the family

___ Other (explain):

Once a child is accepted and enrolled at Montessori Island School, we are committed to their emotional, social and cognitive growth through Elementary. Our curriculum is based on the Montessori philosophy developed by Maria Montessori. The curriculum at each level, from infant to elementary, builds on the skills and knowledge acquired in the previous level. We believe that a child maximizes their potential growth by completing our program through elementary.

The Admissions Process

1. Apply for Admissions to be added to our waitlist.

2. Tour of the Classroom

This is an opportunity to meet the Lead Teacher and Assistants.

3. Admission Decision

Upon acceptance, parents/guardians will be given the enrollment form along with a registration packet. **Please fill out all forms and include a non-refundable \$65 registration fee. This fee is recharged for each new enrollment year.**

Agreement is made to pay tuition in full by the 1st or 15th of each month. Please that note changes each year depend on operating costs.

I hereby apply for admission of my child, _____, to Montessori Island School for the _____ - _____ academic year.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Montessori Island School admits students of any race, color, creed, national or ethnic origin, or gender to all rights, privileges, and activities available to students at the school and does not discriminate on the basis of race, color, creed, national or ethnic origin, or gender in its admission policies. In that spirit we strive to help all children attain the highest level of their abilities. Montessori Island School seeks to maintain a student body consisting of children who will flourish in a peaceful Montessori environment and add to the joyful spirit of the community.

Date Application Submitted _____